

**Discussions Held With Department of Justice**

A negotiating team from the Health Department and the Attorney General’s Office met for three days this week with representatives of the U.S. Department of Justice (DOJ) to discuss the remedial measures that Vermont State Hospital will carry out to remedy problems found during DOJ’s inspection last year. The talks were described as cooperative and constructive. The parties will continue to work together in the coming months, with the goal of coming up with a comprehensive correction plan. Commissioner Paul Jarris, who participated in the talks, said there were no surprises, and that the many details under review were discussed in the context of conceptual agreement.

On July 5, DOJ sent Governor Douglas a letter detailing the findings of its investigation last August at Vermont State Hospital. The Civil Rights of Institutionalized Persons Act (“CRIPA”) empowers the DOJ to institute a lawsuit against Vermont to correct any alleged deficiencies. On July 25, the State responded to the DOJ by letter, confirming its intention to cooperate and to seek a resolution.

Commissioner Jarris said his impression is that the DOJ attorneys found three developments in the past year to be reassuring:

- Administration and legislative support for Vermont State Hospital staffing.
- The State’s willingness to spend money to improve patient safety and comfort in a physical plant that is scheduled for replacement.
- The State’s contract with Fletcher Allen Health Care and its staffing, systems, and quality improvement implications.

**Tanzman Appointed To Head Futures Initiative**

Beth Tanzman, M.S.W, has been appointed as the Director of the Vermont Mental Health Futures Initiative. In this new position, she will provide leadership as project manager for developing a new inpatient facility to replace Vermont State Hospital and for implementing the array of new community capacities described in the Futures Plan. Her first task will be to assemble a project team within the Department that will be dedicated to this project.

Tanzman has been Adult Services Director for over nine years. She helped oversee the downsizing of the Dale Unit at the hospital and the development of a number of new community capacities. She was the lead developer of the CRT case rate payment methodology that introduced greater flexibility for mental health providers. She has led our evidence-based practice initiative, is the author of many of our successful program development grants, and helped to start Vermont's Recovery Education initiative. She also has been recognized in Vermont and nationally for her leadership in program development, administration and systems planning in the field of mental health.

Frank Reed has accepted the position of Adult Services Director on an interim basis, and recruitment has begun for a permanent director.

### **AHS Secretary Accepts Inpatient Recommendation**

Human Services Secretary Mike Smith has accepted the recommendation of the Vermont State Hospital Futures Advisory Group that Vermont develop a primary inpatient mental health program at one site and one or more smaller capacities at other locations.

Smith expressed satisfaction that the recommendation originated in the unanimous vote of a subcommittee and was approved without dissent at the Futures Group level -- an indication, he said, that the process is improving and that real progress is being made.

On September 20, the inpatient work group agreed on the following recommendation, which was subsequently approved by the Futures Group:

*“The inpatient program should be developed at a primary site and one or two smaller inpatient capacities created for geographical accessibility, with close coordination, clinical collaboration, and common standards for consistency.”*

The inpatient work group’s next task is to recommend a scope of actuarial work to be done by a consultant in preparation for the Certificate of Need process a new inpatient facility would require. The work group also will be discussing site and partner recommendations.

### **Vergennes, Concord Subacute Projects Going Forward**

Meeting on Wednesday, the Futures Initiative’s subacute work group heard progress reports on subacute rehabilitation projects in Vergennes and Concord. (The prospective partners in a third project, in Rockingham, have determined that they are unable to go forward.)

- A website has been posted for the Vergennes project, planned for the former Briarwood Manor community care home. Partners are The Counseling Service of Addison County and Howard Center for Human Services. See <http://esourcemanager.org/vergennes/>.
- In Concord, Northeast Kingdom Human Services is negotiating to purchase a structure suitable for eight clients and a support staff.

Program people from the two projects will meet soon to compare notes and coordinate their approaches. The subacute work group meets next on October 19, 9-11 a.m., at the Cyprian Learning Center in the Waterbury State Office Complex.

The group also is working with Northeast Kingdom Human Services to locate a house for the secure residential program.

### **Care Management Work Group Meets**

The Futures Initiative’s care management work group met on Monday and agreed to split its tasks between two subgroups.

- One will discuss program characteristics and expectations of each level of care, and also the clinical characteristics of patients who would be served at each level.
- The second will draft guidelines for how patients will move between programs across the new system of care. This effort will include identifying gaps in services, assuring Vermonters access to appropriate levels of care, and assuring that system resources are used efficiently.

### **Legal Work Group Considered**

The Vermont State Hospital Futures Advisory Group is considering the establishment of a legal work group to deal with questions that are both general (what constitutes most integrated, least restrictive care in the new system being designed?) and program-specific (could subacute units have locked doors?) There is some concern, however, that a legal work group would duplicate efforts regarding legal issues that ought to be handled by existing programmatic work groups.

### **Windham Center To Be Smaller**

Nine of the 19 inpatient psychiatric beds at Springfield Hospital's Windham Center are being closed, effective October 1. The down-sizing is related to the hospital's becoming a critical access facility, which is deemed crucial to the hospital's over-all health care mission to serve its area, but limits the number of permissible specialty beds. Census at the 19-bed unit has been averaging between 13 and 14 patients.

### **Juvenile Beds To Be Moved From Springfield**

Four hospital diversion beds for children and adolescents at Harbor House, a crisis stabilization facility in Springfield run by Health Care and Rehabilitation Services of Southeastern Vermont, will be moved elsewhere in the interests of maximizing utilization and over-all system efficiency. Efforts are being made to transfer part of this capacity to Rutland Mental Health and to expand the program in Washington County.

### **VSH Policy Amendments on Hold**

Pending the outcome of discussions with the Department of Justice and the separate review of Vermont State Hospital standards by Fletcher Allen Health Care, several state hospital policy changes under consideration have been tabled.

At its recent meeting, the Vermont State Hospital Governing Body did approve an interim policy on advanced directives and an amended policy on visitation. (Both are posted on the Mental Health Update web page). An interim policy is one that is adopted on an urgent basis, without the usual opportunity for public input. The advance directive policy was approved as an interim policy because the new advance directives legislation, signed into law this summer, had an effective date of September 1, and staff guidance was needed immediately. A public comment period will be announced in the coming weeks, after which the policy will come back before the Governing Body for further consideration.

### **Dangerous Predators Proposal 'Not a Mental Health Program'**

The Legislature's Mental Health Oversight Committee heard testimony on Tuesday about the Civil Commitment of Dangerous Predators proposal. Health Commissioner Paul Jarris stressed

two points that have concerned the mental health advocacy community. Although the proposed program would include counseling, it would be a public safety program, Jarris said, not a mental health program. Jarris also stated that the population in such a program would not be mixed with mental health populations, nor would the program be co-housed with mental health programs.

### **VSH Physical Plant Upgrades Continue**

Under the direction of the Department of Buildings and General Services, work continues at Vermont State Hospital. Porches and a stair tower enclosure have been painted. The exit door from the stair has been installed. The B1 Yard canopies and shelter components are being fabricated. Foundation work will proceed as soon as the B2 and Brooks Rehab yards are useable by patients. The B1 yard work should be complete by the end of October.

Air conditioning and ventilation work is underway. Equipment is set in place, and the hook up of piping, ducts and power is being performed. Existing ductwork was found to be in need of cleaning before being connected to the new equipment. This should further enhance the comfort and cleanliness in the building, but has slowed progress a bit, with completion now predicted for the middle of November. Ventilation system grilles will be replaced as soon as the new ones are delivered. The new intercom system upgrades and the patient room light dimming capabilities have been designed and are being priced by the contractor. All external plumbing of toilets through out the hospital have been or are being replaced with motion activated devices to eliminate external pipes. Design work is under way to address other possible ligature hazards in the toilet rooms.

### **Forensic Legislation Study Committee Meets**

Legislation approved in the past legislative session required the Health Commissioner to convene a work group to address issues relating to forensic mental health patients. The group met for the first time on September 7 and will meet again on October 6 and November 1, 2 - 4 p.m. each day, in the Weeks Building of the Waterbury State Office Complex (October 6 in the Basement Conference Room, November 1 in the Adult Unit Porch).

The group consists of representatives of the Health Commissioner, the Defender General, the Court Administrator, the Mental Health Law Project of Vermont Legal Aid, the Department of Sheriffs and States Attorneys, the Vermont Association of Hospitals and Health Systems, the Vermont Council on Developmental and Mental Health Services, the Vermont State Employees Association, and Vermont Psychiatric Survivors,

Pursuant to the legislation, the group will report in January to the House Committee on Human Services and the Senate Committee on Health and Welfare about:

- transfers between hospitals, including standards, procedures, and rights of patients;
- determination of the least restrictive setting for the forensic evaluation;
- disposition of the defendant if it is determined after admission that the defendant does not meet the standards for hospitalization;
- legal representation of defendants and the state in hospitalization hearings; and
- other issues as determined by the work group.

## **Retreat Shares Restraint & Seclusion Info With FAHC, VSH**

Retreat Healthcare is in the process of implementing a trauma-informed recovery and resiliency model of treatment. This involves recognition of the role that a history of trauma plays in the lives of many clients, and doing everything possible to help them heal from, and not to re-enact, that experience. One outcome of the use of this approach is a dramatic reduction in the frequency of the incidence of seclusion or restraint, in part by utilizing earlier intervention and a variety of non-traditional de-escalation techniques. As part of that effort, the Retreat looked for a comparison of training programs for the management of aggressive behavior, and found that none had been conducted. Its staff then conducted an in-depth review of the different programs, identifying strengths and weaknesses (as well as items it perceived as “fatal flaws”). Accepting an invitation to the September 20 meeting of the Fletcher Allen Health Care Program Quality Committee (also attended by Vermont State Hospital Medical Director Tom Simpatico), the Retreat made Glenn Doulette, its manager of Adolescent Residential Programs, available to share its information and conclusions for the benefit of VSH’s and FAHC’s own reviews of reduction of restraint and seclusion.

## **Substance Abuse Forums Being Held Around the State**

Human Services Secretary Mike Smith and Deputy Commissioner of Health for Alcohol and Drug Abuse Programs Barbara Cimaglio have been meeting with community leaders, treatment providers and prevention groups around the state to discuss substance abuse issues.

The final regional meetings are on October 5 at Retreat Healthcare Education Center in Brattleboro (10 a.m.- noon) and at Community College of Vermont in White River Junction (2-4 p.m.), and on October 12 in Contois Auditorium in Burlington’s City Hall (2:30-4:30 p.m.)

Information gathered at the meetings will assist the Secretary in setting priorities and making recommendations to Governor Douglas for the next phase of his D.E.T.E.R. [Drug Education, Treatment, Enforcement and Rehabilitation] Initiative. The public is invited to comment on local substance abuse issues (See link at [www.healthyvermonters.info](http://www.healthyvermonters.info)). For more information, contact Julie Green ([jgreen@vdh.state.vt.us](mailto:jgreen@vdh.state.vt.us)), 802-951-1258.

## **John Pierce Retiring**

John Pierce, a long-time Division of Mental Health staff member, retires from State service today. Pierce has worked 36 years for the State of Vermont, the past 32 of them with the Division of Mental Health. He has held several positions over the years, including Director of Community Mental Health, and Assistant Director of the Division of Mental Health. During his tenure, he has been an invaluable asset to the Division and has led or been involved with all of the Division’s major initiatives. His knowledge of the Vermont mental health system has been a great resource to us all over the years.

While interacting with a wide variety of community providers, consumers and family members, Pierce has always maintained his Vermont roots in terms of his compassion, integrity, keen insight and sharp wit. These traits will be greatly missed.

The position Pierce is leaving, Assistant Director of the Division, will be subject to a reclassification review and then will be posted for recruitment.

### **No Transformation Grant for Vermont**

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) has announced the seven winners of \$18.5 million in Mental Health Transformation State Incentive Grants, and Vermont is not on the list. The competition consisted of 33 applications from 26 states, six tribes and the District of Columbia.

SAMHSA said the states that do receive the awards “will serve as platforms for learning about what strategies and activities do and do not work in transforming the states’ mental health and related systems.” In partnerships with the grantees, SAMHSA will communicate successful strategies and activities to other states in order to improve and accelerate transformation across the nation.

The grants require the grantees to enlist consumers and family members as active partners in all transformation planning and activities. They also require grantees to take a life-span approach to services and to provide a continuum of services including promotion, prevention, treatment, and recovery.

Health Department officials expressed disappointment that Vermont was not among the grantees, but plan to continue efforts to win grant support for the Vermont Mental Health Futures Initiative. The stakeholder group that helped develop Vermont's application will reconvene in the coming weeks to evaluate the application effort and outcome.

### **FAHC Contract Amendments Move Forward**

The Vermont State Hospital Governing Body has given its endorsement to two amendments of the Fletcher Allen Health Care contract for psychiatric services at Vermont State Hospital. (The contract is posted on the Health Department’s Mental Health Update web page; the draft posted on 06/10/05 was the final draft.):

One amendment will substitute the following language for the section titled “Experimental/Investigative Care” in the current contract:

#### ***Academic Involvement***

*As an academic institution, Contractor is expected to provide ongoing educational support and in-service training for psychiatric staff at VSH, providing academic exposure to the latest research and clinical developments.*

*Any research proposal developed by Contractor that involves VSH patients must be consistent with the State’s goals of providing safe and appropriate care that is community-based, non-coercive and consumer-driven. Any research proposal must be approved by the Contractor’s Institutional Review Board, the Agency of Human Services Institutional Review Board, and the Commissioner of Health.*

*The parties will not approve any research involving experimental/investigational treatment of VSH patients unless and until, after consultation with appropriate stakeholders, including the VSH Governing Body and the State Adult Mental Health Program Standing Committee, comprehensive policies and procedures are in place governing the review, oversight and monitoring of such studies, including policies pertaining specifically to informed consent in involuntary settings.*

The second amendment allows the hospital to obtain the services of a Fletcher Allen quality consultant.

### **‘Beyond VSH’ Blog Offers On-line Discussion**

A Central Vermont man has launched a web log (“blog”) dedicated “to exploring both the future of Vermont State Hospital (VSH) and the community mental health system -- including alternatives.” Called “Beyond Vermont State Hospital (VSH) Blog” (<http://beyond-vsh.blogspot.com>), it mirrors the mission of the Vermont Mental Health Futures Initiative and provides an on-line forum for free discussion of the issues involved. The blog is the work of Morgan Brown, who describes himself, in part, as “an activist, blogger, and freelance writer... as well as formerly having been on the receiving end of the public mental health system.” Brown has invited “mental health advocates and activists as well as interested others” to participate, and has been joined in the effort by attorney Jack McCullough of the Mental Health Law Project.

### **VSH Census**

The Vermont State Hospital census was 48 as of midnight Thursday night. The average census for the past 45 days was slightly more than 48.

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